Atty. Dkt. No. 082736-0106



BACH et al.

Title:

METHOD FOR TREATING ESTABLISHED SPONTANEOUS AUTO-

IMMUNE DISEASES IN MAMMALS

Appl. No.:

08/986,568

Filing Date: December 5, 1997

Examiner:

D. Saunders

Art Unit:

1644

TRANSMITTAL COVER SHEET

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Request To Reopen Prosecution Under 37 C.F.R. §41.50(b)(1) (6 pages).
- Declaration Under 37 C.F.R. §1.132 (3 pages). [X]
- Curriculum Vitae of Louis Vaickus MD, FACP (27 pages). [X]
- Information Disclosure Statement (2 pages); PTO Form SB/08 (1 page); and cited [X] Abstract (2 pages).
- [X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	15	-	20	=	0	х	\$50.00	=	\$0.00
Independent Claims:	. 1	-	3	=	0	x	\$200.00	=	\$0.00
First p	resentation	of a	ny Multiple I	Depen	dent Claims:	+	\$360.00	=	\$0.00
					CLAIMS	FEI	E TOTAL	=	\$0.00

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Stephen A. Bent

Attorney for Applicant

Registration No. 29,768

Date

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